

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	26-0180	I	FROM 1/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/22/2009 TIME 11:06

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: CHRISTIAN HOSPITAL NORTHEAST 26-0180 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 5/22/2009 TIME 11:06

B.2QTxLXe2mKcGmp7qY6oznF.zEBDD
ifJmy01mYs8u96ePRw4U4ApLsEN0Rq
FQMV1EK6oy0T8n2c

PI ENCRYPTION INFORMATION
DATE: 5/22/2009 TIME 11:06

40Rwisk7zxZMMfJN4LImoyykygbuv0
dLVNN0rIP4a5YbaovzbbnnXPctRw5d
tmxMaAzJGt06Pavb

J. Katsanis
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)
Vice President - Finance
 TITLE
 5-26-09
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2		3	4
1 HOSPITAL	0		661,757		3,179
2 SUBPROVIDER	0		-7,268		0
2 .01 SUBPROVIDER II	0		850		0
5 HOSPITAL-BASED SNF	0		916		0
100 TOTAL	0		656,255		3,179
					-9,599,086

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 11133 DUNN ROAD P.O. BOX:
 1.01 CITY: ST. LOUIS STATE: MO ZIP CODE: 63136- COUNTY: ST. LOUIS

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	26-0180	2.01	9/27/1975	4	5	6
03.00	SUBPROVIDER	26-T180		12/ 8/1983	N	P	P
03.01	SUBPROVIDER 2	26-S180		1/ 1/2003	N	P	O
06.00	HOSPITAL-BASED SNF	26-5291		10/ 7/1985	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2008 TO: 12/31/2008
 18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER
 20.01 SUBPROVIDER II

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 41180

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? Y

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IIME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
I 26-0180 I FROM 1/1/2008 I WORKSHEET 5-2
I I TO 12/31/2008 I

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N
26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /
28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02 N
28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4
100 0.9024 0.9006
28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 1 7040 41180

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

28.03 STAFFING % Y/N
28.04 RECRUITMENT 65.43% N
28.05 RETENTION 0.00%
28.06 TRAINING 0.00%
28.07 0.00%
28.08 0.00%
28.09 0.00%
28.10 0.00%
28.11 0.00%
28.12 0.00%
28.13 0.00%
28.14 0.00%
28.15 0.00%
28.16 0.00%
28.17 0.00%
28.18 0.00%
28.19 0.00%
28.20 0.00%

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N
30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N
30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70
30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N
30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N
30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N
31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N N
34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N
35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? Y
35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N Y N
V XVIII XIX
1 2 3

- 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
- 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
- 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
- 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
- 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
- 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
- 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
- 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 269026
- 40.01 NAME: BJC HEALTH CARE FI/CONTRACTOR NAME WPS FI/CONTRACTOR # 05301
- 40.02 STREET: 4444 FOREST PARK BLVD P.O. BOX:
- 40.03 CITY: ST. LOUIS STATE: MO ZIP CODE: 63108-
- 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
- 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
- 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
- 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
- 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
- 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
- 46 IF YOU ARE PARTICIPATING IN THE NHCQM DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
48.01 SUBPROVIDER 2	N	N	N	N	N
49.00 SNF	N	N			

- 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
- 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
- 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
- 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
- 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 0
 PAID LOSSES: 394,492
 AND/OR SELF INSURANCE: 0
- 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
- 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE	Y	OR	N	LIMIT	Y	OR	N	FEE
	0	1	2	3	4	5	6	7	8
56 PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 N 0									
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0									
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0									
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0									

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y Y
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?
 ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW
 FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN
 THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR
 "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH
 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y,
 ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING
 PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC
 YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS) N N 0

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA?
 ENTER "Y" FOR YES AND "N" FOR NO. N

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3,
 CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS
 ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH"
 DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). / /

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
I 26-0180 I FROM 1/ 1/2008 I WORKSHEET S-3
I TO 12/31/2008 I PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS / TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	345	126,270	2.01	3	4	33,169	5 9,304
2 HMO							980
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	345	126,270				33,169	9,304
6 INTENSIVE CARE UNIT	26	9,516				2,875	762
7 CORONARY CARE UNIT	27	9,882				3,142	578
12 TOTAL	398	145,668				39,186	10,644
13 RPCH VISITS							
14 SUBPROVIDER	18	6,588				2,785	134
14 01 SUBPROVIDER 2	20	7,320				2,656	565
15 SKILLED NURSING FACILITY	24	8,784				2,861	44
25 TOTAL	460						
26 OBSERVATION BED DAYS							103
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	TRIPS / TOTAL OBSERVATION BEDS ADMITTED	INTERNS & RES. FTES / LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	62,819	6.01	6.02 7 8
2 HMO					
2 01 HMO - (IRF PPS SUBPROVIDER)					
3 ADULTS & PED-SB SNF					
4 ADULTS & PED-SB NF					
5 TOTAL ADULTS AND PEDS			62,819		
6 INTENSIVE CARE UNIT			5,876		
7 CORONARY CARE UNIT			4,783		
12 TOTAL			73,478		
13 RPCH VISITS					
14 SUBPROVIDER			4,114		
14 01 SUBPROVIDER 2			4,322		
15 SKILLED NURSING FACILITY			4,087		
25 TOTAL					
26 OBSERVATION BED DAYS		4 99	1,050	76	974
26 01 OBSERVATION BED DAYS-SUB I					
26 02 OBSERVATION BED DAYS-SUB II					
27 AMBULANCE TRIPS					
28 EMPLOYEE DISCOUNT DAYS			749		
28 01 EMP DISCOUNT DAYS -IRF					

COMPONENT	I & R FTES NET	--- FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13 6,062	14 1,321	15 13,159
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
12 TOTAL		1,542.30			6,062	1,321	13,159
13 RPCH VISITS							
14 SUBPROVIDER		18.10			216	7	324
14 01 SUBPROVIDER 2		18.55			225	60	504
15 SKILLED NURSING FACILITY		20.67					
25 TOTAL		1,599.62					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES							
1	TOTAL SALARY	77,158,745		77,158,745	3,298,336.00	23.39	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A						
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B	364,974		364,974	4,705.00	77.57	
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)		71,654	71,654	2,928.00	24.47	
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF	882,499	34,890	917,389	44,289.00	20.71	
8.01	EXCLUDED AREA SALARIES	5,875,346	104,849	5,980,195	291,250.00	20.53	
OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR:	4,644,454		4,644,454	83,234.00	55.80	
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT	173,291		173,291	1,878.00	92.27	
10	CONTRACT LABOR: PHYS PART A	1,143,967		1,143,967	11,784.00	97.08	
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS	7,368,103		7,368,103	181,510.00	40.59	
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS							
13	WAGE-RELATED COSTS (CORE)	19,149,731		19,149,731			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	2,017,983		2,017,983			CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A						CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B	66,849		66,849			CMS 339
19.01	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	1,233,113	-98,649	1,134,464	41,732.00	27.18	
22	ADMINISTRATIVE & GENERAL	6,926,406	334,523	7,260,929	303,416.00	23.93	
22.01	A & G UNDER CONTRACT						
23	MAINTENANCE & REPAIRS						
24	OPERATION OF PLANT	2,106,113	-17,224	2,088,889	161,165.00	12.96	
25	LAUNDRY & LINEN SERVICE						
26	HOUSEKEEPING	1,479,017		1,479,017	146,188.00	10.12	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	75		75	6.00	12.50	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA						
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	1,753,815		1,753,815	56,070.00	31.28	
31	CENTRAL SERVICE AND SUPPLY	373,450		373,450	24,163.00	15.46	
32	PHARMACY	2,200,050		2,200,050	60,903.00	36.12	
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	3,241,547	-297,384	2,944,163	151,351.00	19.45	
34	SOCIAL SERVICE	621,970		621,970	23,040.00	27.00	
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	76,793,771	-71,654	76,722,117	3,290,703.00	23.31	
2	EXCLUDED AREA SALARIES	6,757,845	139,739	6,897,584	335,539.00	20.56	
3	SUBTOTAL SALARIES	70,035,926	-211,393	69,824,533	2,955,164.00	23.63	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	13,329,815		13,329,815	278,406.00	47.88	
5	SUBTOTAL WAGE-RELATED COSTS	19,149,731		19,149,731		27.43	
6	TOTAL	102,515,472	-211,393	102,304,079	3,233,570.00	31.64	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	19,935,556	-78,734	19,856,822	968,034.00	20.51	

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3	.01 RUX						
3	.02 RUL						
4	RVC		1				
5	RVB		29				
6	RVA		15				
6	.01 RVX		50				
6	.02 RVL		319				
7	RHC		60				
8	RHB		19				
9	RHA		339				
9	.01 RHX						
9	.02 RHL						
10	RMC		17				
11	RMB		2				
12	RMA		58				
12	.01 RMX		286				
12	.02 RML		1,556				
13	RLB						
14	RLA						
14	.01 RLX						
15	SE3		25				
16	SE2		43				
17	SE1						
18	SSC						
19	SSB						
20	SSA		34				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1		1				
45	AAA		7				
46	TOTAL		2,861				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on wkst S-3, Part I column 4, line 3.

worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9024
 Wage Index Factor (after 10/01) : 0.9006
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : 41180

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
I 26-0180 I FROM 1/ 1/2008 I WORKSHEET S-7
I I TO 12/31/2008 I

	GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		TOTAL
			RUGs	SWING BED SNF DAYS	
	1	2	4.05	4.06	5
1	RUC				
2	RUB				
3	RUA				
3	.01 RUX				
3	.02 RUL				
4	RVC				
5	RVB				
6	RVA				
6	.01 RVX				
6	.02 RVL				
7	RHC				
8	RHB				
9	RHA				
9	.01 RHX				
9	.02 RHL				
10	RMC				
11	RMB				
12	RMA				
12	.01 RMX				
12	.02 RML				
13	RLB				
14	RLA				
14	.01 RLX				
15	SE3				
16	SE2				
17	SE1				
18	SSC				
19	SSB				
20	SSA				
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	AAA				
46	TOTAL				

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9024
 Wage Index Factor (after 10/01) : 0.9006
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : 41180

HOSPITAL UNCOMPENSATED CARE DATA

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?

2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04

2.01 IS IT AT THE TIME OF ADMISSION?

2.02 IS IT AT THE TIME OF FIRST BILLING?

2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?

2.04

3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?

4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?

5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?

6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?

7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?

8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01

8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?

9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04

9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?

9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?

9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?

9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?

10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?

11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04

11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?

11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?

11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?

11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?

12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?

13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?

14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02

14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?

14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?

15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?

16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?

UNCOMPENSATED CARE REVENUES

17 REVENUE FROM UNCOMPENSATED CARE 20,771,490

17.01 GROSS MEDICAID REVENUES

18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS

19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)

20 RESTRICTED GRANTS

21 NON-RESTRICTED GRANTS

22 TOTAL GROSS UNCOMPENSATED CARE REVENUES 20,771,490

UNCOMPENSATED CARE COST

23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS

24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .309619

25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)

26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

27 TOTAL SCHIP COST, (LINE 24 * LINE 26)

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	64,352,377
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	19,924,719
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	12,960,904
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	4,012,942
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	19,924,719

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 26-0180
I

I PERIOD:
I FROM 1/ 1/2008
I TO 12/31/2008

I PREPARED 5/26/2009
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT				225,902	225,902
1.01	0101 OLD CAP REL COSTS-WHSE				5,482	5,482
1.02	0102 OLD CAP REL COSTS-B BLDG				16,292	16,292
1.03	0103 OLD CAP REL COSTS-PFD				189,188	189,188
1.04	0104 OLD CAP REL COSTS-CHIP				406,785	406,785
1.05	0105 OLD CAP REL COSTS-POB I				337,171	337,171
1.06	0106 OLD CAP REL COSTS-GRAHAM MOB				139,018	139,018
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				139,252	139,252
3	0300 NEW CAP REL COSTS-BLDG & FIXT				4,350,295	4,350,295
3.01	0301 NEW CAP REL COSTS-WHSE					
3.02	0302 NEW CAP REL COSTS-B BLDG					
3.03	0303 NEW CAP REL COSTS-PFD				60,500	60,500
3.04	0304 NEW CAP REL COSTS-CHIP				77,871	77,871
3.05	0305 NEW CAP REL COSTS-POB I				133,512	133,512
3.06	0306 NEW CAP REL COSTS-GRAHAM MOB				117,387	117,387
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				8,504,233	8,504,233
5	0500 EMPLOYEE BENEFITS	1,233,113	17,511,249	18,744,362	-1,509,551	17,234,811
6.01	0640 ADMITTING	1,266,135	188,315	1,454,450	-281,561	1,172,889
6.02	0650 CASHIERING	1,837,870	2,024,413	3,862,283	-2,230,266	1,632,017
6.03	0660 MENTAL HEALTH ADMINISTRATION	264,135	245,721	509,856	30,000	539,856
6.04	0661 ADMINISTRATIVE & GENERAL	3,558,266	53,522,877	57,081,143	-5,093,141	51,988,002
8	0800 OPERATION OF PLANT	2,101,589	3,852,587	5,954,176	888,798	6,842,974
8.01	0801 OPERATION OF PLANT- POB I	4,524	2,146	6,670		6,670
9	0900 LAUNDRY & LINEN SERVICE		1,061,747	1,061,747	-216	1,061,531
10	1000 HOUSEKEEPING	1,366,809	1,098,298	2,465,107	-7,456	2,457,651
10.01	1001 HOUSEKEEPING-POB I	112,208	43,569	155,777		155,777
11	1100 DIETARY	75	2,975,079	2,975,154	-48,845	2,926,309
12	1200 CAFETERIA		1,885,053	1,885,053	-11,166	1,873,887
14	1400 NURSING ADMINISTRATION	1,753,815	943,287	2,697,102	-361,036	2,336,066
15	1500 CENTRAL SERVICES & SUPPLY	373,450	2,065,342	2,438,792	-1,960,830	477,962
16	1600 PHARMACY	2,200,050	10,822,544	13,022,594	-10,473,484	2,549,110
17	1700 MEDICAL RECORDS & LIBRARY	3,241,547	1,100,135	4,341,682	-339,158	4,002,524
18	1800 SOCIAL SERVICE	621,970	55,712	677,682		677,682
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD				71,654	71,654
24	2400 PARAMED ED PRGM				19,521	19,521
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	17,630,427	5,605,036	23,235,463	-585,484	22,649,979
26	2600 INTENSIVE CARE UNIT	3,932,231	1,359,323	5,291,554	-342,430	4,949,124
27	2700 CORONARY CARE UNIT	2,624,149	778,073	3,402,222	-188,996	3,213,226
31	3100 SUBPROVIDER	871,623	188,757	1,060,380	73,267	1,133,647
31.01	3101 SUBPROVIDER 2	914,664	396,168	1,310,832	-4,707	1,306,125
34	3400 SKILLED NURSING FACILITY	882,499	313,009	1,195,508	-17,930	1,177,578
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	4,475,144	11,700,476	16,175,620	-7,496,837	8,678,783
38	3800 RECOVERY ROOM	517,821	130,477	648,298	-68,503	579,795
40	4000 ANESTHESIOLOGY	43,276	4,905,706	4,948,982	-237,443	4,711,539
41	4100 RADIOLOGY-DIAGNOSTIC	3,856,372	3,869,278	7,725,650	-1,840,503	5,885,147
41.01	4101 C.T. SCAN	405,697	618,649	1,024,346	-333,040	691,306
44	4400 LABORATORY	4,516,618	4,578,719	9,095,337	-1,029,765	8,065,572
44.01	3340 G.I. LAB	569,605	521,232	1,090,837	-155,656	935,181
44.02	3650 VASCULAR LAB	215,172	145,189	360,361	-20,572	339,789
44.03	3420 LABORATORY-PATHOLOGY	168,329	162,657	330,986	42,906	373,892
47	4700 BLOOD STORING, PROCESSING & TRANS.	321,630	2,142,459	2,464,089	666,641	3,130,730
49	4900 RESPIRATORY THERAPY	2,611,558	887,963	3,499,521	-119,132	3,380,389
50	5000 PHYSICAL THERAPY	1,540,938	205,242	1,746,180	-201,121	1,545,059
51	5100 OCCUPATIONAL THERAPY	595,402	56,882	652,284	70,448	722,732
52	5200 SPEECH PATHOLOGY	163,580	21,146	184,726	40,355	225,081
53	5300 ELECTROCARDIOLOGY	1,189,345	5,401,036	6,590,381	-5,275,191	1,315,190
54	5400 ELECTROENCEPHALOGRAPHY	79,424	22,449	101,873	-11,132	90,741
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				16,070,181	16,070,181
56	5600 DRUGS CHARGED TO PATIENTS				10,372,236	10,372,236
57	5700 RENAL DIALYSIS		1,536,833	1,536,833	-22,450	1,514,383
59	3950 SHOCK THERAPY	90,114	23,366	113,480	-2,167	111,313
59.01	3190 PAIN MANAGEMENT & OP CHEMO	459,258	345,310	804,568	-12,281	792,287
59.02	3951 DIABETES CARE CENTER	102,095	110,307	212,402		212,402
59.03	3021 OP PSYCH	204,512	411,419	615,931	-15,801	600,130
59.04	3020 CARDIAC REHAB	159,603	25,975	185,578	-8,521	177,057
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	3,993,044	4,187,601	8,180,645	-528,200	7,652,445
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	3,027,988	1,216,725	4,244,713	-243,978	4,000,735
	SPEC PURPOSE COST CENTERS					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	76,097,674	151,265,536	227,363,210	1,970,345	229,333,555
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.01	9601 VISITOR MEALS					
96.02	9602 NON REIMBURSABLE B BLDG					
96.03	9603 ROOM RENTAL					
96.04	9604 NON REIMBURSABLE CHIP					
96.05	9605 NON REIMBURSABLE PFD					
96.06	9606 NON REIMBURSABLE HOSPITAL					
96.07	9607 NON REIMBURSABLE POB I					
96.08	9608 MEALS ON WHEELS					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
I 26-0180 I FROM 1/ 1/2008 I WORKSHEET A
I I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	NONREIMBURS COST CENTERS					
96.09 9609	CATERING		257,916	257,916	-4,297	253,619
96.10 9610	RETAIL PHARMACY	510,921	4,014,411	4,525,332	-278	4,525,054
96.11 9611	PUBLIC RELATIONS	231,158	855,419	1,086,577	-77,488	1,009,089
96.12 9612	PHYSICIAN PRACTICE DEVELOPMENT	252,683	244,425	497,108	-40,147	456,961
96.13 9613	RECOVERY RESOURCES		8,128	8,128		8,128
98 9800	PHYSICIANS' PRIVATE OFFICES		1,399,908	1,399,908	-1,399,908	
98.01 9801	PHYSICIANS' PRIVATE OFFICES GRAHAM	66,309	488,814	555,123	-448,227	106,896
101	TOTAL	77,158,745	158,534,557	235,693,302	-0-	235,693,302

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO: I
I 26-0180 I
I II PERIOD: I
I FROM 1/ 1/2008 I PREPARED 5/26/2009
I TO 12/31/2008 I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		225,902
1.01 0101	OLD CAP REL COSTS-WHSE		5,482
1.02 0102	OLD CAP REL COSTS-B BLDG		16,292
1.03 0103	OLD CAP REL COSTS-PFD		124,222
1.04 0104	OLD CAP REL COSTS-CHIP	-64,966	220,468
1.05 0105	OLD CAP REL COSTS-POB I	-186,317	296,721
1.06 0106	OLD CAP REL COSTS-GRAHAM MOB	-40,450	139,018
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		58,964
3 0300	NEW CAP REL COSTS-BLDG & FIXT	-80,288	4,233,234
3.01 0301	NEW CAP REL COSTS-WHSE	-117,061	
3.02 0302	NEW CAP REL COSTS-B BLDG		60,500
3.03 0303	NEW CAP REL COSTS-PFD		77,871
3.04 0304	NEW CAP REL COSTS-CHIP		133,512
3.05 0305	NEW CAP REL COSTS-POB I		117,387
3.06 0306	NEW CAP REL COSTS-GRAHAM MOB		8,387,499
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	-116,734	9,711,269
5 0500	EMPLOYEE BENEFITS	-7,523,542	1,172,889
6.01 0640	ADMITTING		1,632,017
6.02 0650	CASHIERING		330,900
6.03 0660	MENTAL HEALTH ADMINISTRATION	-208,956	34,051,198
6.04 0661	ADMINISTRATIVE & GENERAL	-17,936,804	6,842,217
8 0800	OPERATION OF PLANT	-757	6,670
8.01 0801	OPERATION OF PLANT- POB I		1,061,531
9 0900	LAUNDRY & LINEN SERVICE		2,457,651
10 1000	HOUSEKEEPING		155,777
10.01 1001	HOUSEKEEPING-POB I		2,926,309
11 1100	DIETARY		689,858
12 1200	CAFETERIA	-1,184,029	2,336,066
14 1400	NURSING ADMINISTRATION		477,962
15 1500	CENTRAL SERVICES & SUPPLY		2,544,610
16 1600	PHARMACY	-4,500	3,983,486
17 1700	MEDICAL RECORDS & LIBRARY	-19,038	677,682
18 1800	SOCIAL SERVICE		71,654
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		19,521
24 2400	PARAMED ED PRGM		
25 2500	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-886,579	21,763,400
26 2600	INTENSIVE CARE UNIT		4,949,124
27 2700	CORONARY CARE UNIT		3,213,226
31 3100	SUBPROVIDER	-6,785	1,126,862
31.01 3101	SUBPROVIDER 2		1,306,125
34 3400	SKILLED NURSING FACILITY	-280	1,177,298
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-430,581	8,248,202
38 3800	RECOVERY ROOM		579,795
40 4000	ANESTHESIOLOGY	-4,439,016	272,523
41 4100	RADIOLOGY-DIAGNOSTIC	-32,065	5,853,082
41.01 4101	C.T. SCAN		691,306
44 4400	LABORATORY	-392,471	7,673,101
44.01 3340	G.I. LAB	-2,866	932,315
44.02 3650	VASCULAR LAB	-4,237	335,552
44.03 3420	LABORATORY-PATHOLOGY		373,892
47 4700	BLOOD STORING, PROCESSING & TRANS.	1,793	3,132,523
49 4900	RESPIRATORY THERAPY	-67,731	3,312,658
50 5000	PHYSICAL THERAPY	-26,048	1,519,011
51 5100	OCCUPATIONAL THERAPY	-1,769	720,963
52 5200	SPEECH PATHOLOGY		225,081
53 5300	ELECTROCARDIOLOGY		1,315,190
54 5400	ELECTROENCEPHALOGRAPHY		90,741
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		16,070,181
56 5600	DRUGS CHARGED TO PATIENTS		10,372,236
57 5700	RENAL DIALYSIS		1,514,383
59 3950	SHOCK THERAPY		111,313
59.01 3190	PAIN MANAGEMENT & OP CHEMO		792,287
59.02 3951	DIABETES CARE CENTER	-935	211,467
59.03 3021	OP PSYCH		600,130
59.04 3020	CARDIAC REHAB		177,057
	OUTPAT SERVICE COST CNTRS		
61 6100	EMERGENCY	-1,653,304	5,999,141
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65 6500	AMBULANCE SERVICES	-5,794	3,994,941
	SPEC PURPOSE COST CENTERS		
90 9000	OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-35,432,110	193,901,445
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01 9601	VISITOR MEALS		
96.02 9602	NON REIMBURSABLE B BLDG		
96.03 9603	ROOM RENTAL		
96.04 9604	NON REIMBURSABLE CHIP		
96.05 9605	NON REIMBURSABLE PFD		
96.06 9606	NON REIMBURSABLE HOSPITAL		
96.07 9607	NON REIMBURSABLE POB I		
96.08 9608	MEALS ON WHEELS		

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	NONREIMBURS COST CENTERS		
96.09 9609	CATERING		253,619
96.10 9610	RETAIL PHARMACY		4,525,054
96.11 9611	PUBLIC RELATIONS		1,009,089
96.12 9612	PHYSICIAN PRACTICE DEVELOPMENT		456,961
96.13 9613	RECOVERY RESOURCES		8,128
98 9800	PHYSICIANS' PRIVATE OFFICES		
98.01 9801	PHYSICIANS' PRIVATE OFFICES GRAHAM		106,896
101	TOTAL	-35,432,110	200,261,192

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-WHSE	0101	OLD CAP REL COSTS-BLDG & FIXT
1.02	OLD CAP REL COSTS-B BLDG	0102	OLD CAP REL COSTS-BLDG & FIXT
1.03	OLD CAP REL COSTS-PFD	0103	OLD CAP REL COSTS-BLDG & FIXT
1.04	OLD CAP REL COSTS-CHIP	0104	OLD CAP REL COSTS-BLDG & FIXT
1.05	OLD CAP REL COSTS-POB I	0105	OLD CAP REL COSTS-BLDG & FIXT
1.06	OLD CAP REL COSTS-GRAHAM MOB	0106	OLD CAP REL COSTS-BLDG & FIXT
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-WHSE	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-B BLDG	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-PFD	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CAP REL COSTS-CHIP	0304	NEW CAP REL COSTS-BLDG & FIXT
3.05	NEW CAP REL COSTS-POB I	0305	NEW CAP REL COSTS-BLDG & FIXT
3.06	NEW CAP REL COSTS-GRAHAM MOB	0306	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	ADMITTING	0640	ADMITTING
6.02	CASHIERING	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.03	MENTAL HEALTH ADMINISTRATION	0660	OTHER ADMINISTRATIVE AND GENERAL
6.04	ADMINISTRATIVE & GENERAL	0661	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
8.01	OPERATION OF PLANT- POB I	0801	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
10.01	HOUSEKEEPING-POB I	1001	HOUSEKEEPING
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
24	PARAMED ED PRGM	2400	
INPAT ROUTINE SRVC C			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2	3101	SUBPROVIDER #####
34	SKILLED NURSING FACILITY	3400	
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	C.T. SCAN	4101	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
44.01	G.I. LAB	3340	GASTRO INTESTINAL SERVICES
44.02	VASCULAR LAB	3650	VASCULAR LAB
44.03	LABORATORY-PATHOLOGY	3420	LABORATORY-PATHOLOGICAL
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	SHOCK THERAPY	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.01	PAIN MANAGEMENT & OP CHEMO	3190	CHEMOTHERAPY
59.02	DIABETES CARE CENTER	3951	OTHER ANCILLARY SERVICE COST CENTERS
59.03	OP PSYCH	3021	ACUPUNCTURE
59.04	CARDIAC REHAB	3020	ACUPUNCTURE
OUTPAT SERVICE COST			
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
OTHER REIMBURS COST			
65	AMBULANCE SERVICES	6500	
SPEC PURPOSE COST CE			
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
NONREIMBURS COST CEN			
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	VISITOR MEALS	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	NON REIMBURSABLE B BLDG	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	ROOM RENTAL	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.04	NON REIMBURSABLE CHIP	9604	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.05	NON REIMBURSABLE PFD	9605	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.06	NON REIMBURSABLE HOSPITAL	9606	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.07	NON REIMBURSABLE POB I	9607	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.08	MEALS ON WHEELS	9608	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.09	CATERING	9609	GIFT, FLOWER, COFFEE SHOP & CANTEEN

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2009
 I 26-0180 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
96.10	RETAIL PHARMACY	9610	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.11	PUBLIC RELATIONS	9611	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.12	PHYSICIAN PRACTICE DEVELOPMENT	9612	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.13	RECOVERY RESOURCES	9613	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	PHYSICIANS' PRIVATE OFFICES GRAHAM	9801	PHYSICIANS' PRIVATE OFFICES
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
260180	FROM 1/ 1/2008	5/26/2009
	TO 12/31/2008	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE	
			LINE NO 3	SALARY 4 OTHER 5
1 RECLASS CHIEF OF GYNECOLOGY	A	ADULTS & PEDIATRICS	25	15,000
2 RECLASS CHIEF OF PSYCHIATRY	B	MENTAL HEALTH ADMINISTRATION	6.03	15,000
3 RECLASS PHARMACEUTICALS	C	DRUGS CHARGED TO PATIENTS	56	10,372,236
4 RECLASS MEDICAL SUPPLIES	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	16,095,173
5				
6				
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10				
11				
12				
13				
14				
15				
16				
17				
18				
19 RECLASS PROF FEES TO REHAB	E	SUBPROVIDER	31	51,000
20 RECLASS TAS COST CENTER	F	SUBPROVIDER	31	35,115
21		SKILLED NURSING FACILITY	34	34,890
22 RECLASS GI MEDICAL DIRECTOR	G	G.I. LAB	44.01	9,000
23 RECLASS CARDIOTHORACIC SURGEON FEES	H	OPERATING ROOM	37	50,000
24 RECLASS POB 1 EXPENSES	I	OLD CAP REL COSTS-POB I	1.05	39,585
25		OLD CAP REL COSTS-POB I	1.05	286,531
26		NEW CAP REL COSTS-POB I	3.05	104,365
27		ADMINISTRATIVE & GENERAL	6.04	170,629
28		OPERATION OF PLANT	8	798,798
29 RECLASS PURCHASING VARIANCE	J	CENTRAL SERVICES & SUPPLY	15	1,898
30 RECLASS DEPRECIATION EXPENSE	K	OLD CAP REL COSTS-BLDG & FIXT	1	212,268
31		OLD CAP REL COSTS-WHSE	1.01	5,482
32		OLD CAP REL COSTS-B BLDG	1.02	16,292
33		OLD CAP REL COSTS-PFD	1.03	77,371
34		OLD CAP REL COSTS-CHIP	1.04	84,198
35		OLD CAP REL COSTS-POB I	1.05	11,055
1 RECLASS DEPRECIATION EXPENSE	K	OLD CAP REL COSTS-GRAHAM MOB	1.06	24,329
2		OLD CAP REL COSTS-MVBLE EQUIP	2	718
3		NEW CAP REL COSTS-BLDG & FIXT	3	4,161,075
4		NEW CAP REL COSTS-PFD	3.03	60,500
5		NEW CAP REL COSTS-CHIP	3.04	77,871
6		NEW CAP REL COSTS-POB I	3.05	29,147
7		NEW CAP REL COSTS-GRAHAM MOB	3.06	43,442
8		NEW CAP REL COSTS-MVBLE EQUIP	4	8,290,493
9 RECLASS INTEREST EXPENSE	L	OLD CAP REL COSTS-PFD	1.03	110,014
10		OLD CAP REL COSTS-CHIP	1.04	317,384
11		OLD CAP REL COSTS-MVBLE EQUIP	2	136,300
12		NEW CAP REL COSTS-BLDG & FIXT	3	199,582
13		NEW CAP REL COSTS-MVBLE EQUIP	4	210,292
14 RECLASS BOND ISSUANCE COSTS	M	OLD CAP REL COSTS-PFD	1.03	1,803
15		OLD CAP REL COSTS-CHIP	1.04	5,203
16		OLD CAP REL COSTS-MVBLE EQUIP	2	2,234
17		NEW CAP REL COSTS-BLDG & FIXT	3	3,272
18		NEW CAP REL COSTS-MVBLE EQUIP	4	3,448
19 RECLASS SURGERY CHIEF & PEDS CHIEF	N	OPERATING ROOM	37	30,000
20		ADULTS & PEDIATRICS	25	20,000
21 RECLASS VASCULAR LAB PROF FEES	O	VASCULAR LAB	44.02	10,200
22 RECLASS OBLIGATED CAPITAL	P	OLD CAP REL COSTS-BLDG & FIXT	1	13,634
23 RECLASS LAB ADMIN COSTS	R	LABORATORY-PATHOLOGY	44.03	36,323
24		BLOOD STORING, PROCESSING & TRANS.	47	363,262
25 RECLASS REHAB ADMINISTRATION	S	OCCUPATIONAL THERAPY	51	135,453
26		SPEECH PATHOLOGY	52	42,173
27 RECLASS ADMISSION KITS	T	ADULTS & PEDIATRICS	25	22,979
28		SUBPROVIDER	31	562
29		SUBPROVIDER 2	31.01	845
30		SKILLED NURSING FACILITY	34	606
31 RECLASS DEPARTMENTAL DEPRECIATION	V	ADMINISTRATIVE & GENERAL	6.04	4,504,469
32				
33				
34				
35				

RECLASSIFICATIONS

PROVIDER NO: 260180	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 5/26/2009 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		
			LINE NO	SALARY	OTHER
	1	2	3	4	5
1 RECLASS DEPARTMENTAL DEPRECIATION	V				
2					
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35					
36					
1 RECLASS DEPARTMENTAL DEPRECIATION	V				
2					
3					
4					
5 TO RECLASS CHAPLAIN RESIDENCY PROGRA	W	PARAMED ED PRGM	24	18,734	787
6 RECLASS FACILITY WIDE EXPENSES	X	ADMINISTRATIVE & GENERAL	6.04	1,682,940	2,796,390
7					
8					
9					
10					
11					
12					
13 RECLASS GRAHAM MOB EXPENSES	Y	OLD CAP REL COSTS-GRAHAM MOB	1.06		25,674
14		OLD CAP REL COSTS-GRAHAM MOB	1.06		89,015
15		NEW CAP REL COSTS-GRAHAM MOB	3.06		73,945
16		ADMINISTRATIVE & GENERAL	6.04		72,823
17		OPERATION OF PLANT	8		186,770
18 RECLASS INTERNS AND RESIDENTS	Z	I&R SERVICES-SALARY & FRINGES APPRVD	22	71,654	
36 TOTAL RECLASSIFICATIONS				2,502,531	50,246,200

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO: 260180	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 5/26/2009 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 RECLASS CHIEF OF GYNECOLOGY	A	ADMINISTRATIVE & GENERAL	6.04		15,000	
2 RECLASS CHIEF OF PSYCHIATRY	B	ADMINISTRATIVE & GENERAL	6.04	15,000	15,000	
3 RECLASS PHARMACEUTICALS	C	PHARMACY	16		10,372,236	
4 RECLASS MEDICAL SUPPLIES	D	ADULTS & PEDIATRICS	25		509,541	
5		INTENSIVE CARE UNIT	26		225,398	
6		CORONARY CARE UNIT	27		83,995	
7		SUBPROVIDER	31		13,899	
8		SUBPROVIDER 2	31.01		5,146	
9		SKILLED NURSING FACILITY	34		42,508	
10		CENTRAL SERVICES & SUPPLY	15		1,932,722	
11		OPERATING ROOM	37		6,953,610	
12		RECOVERY ROOM	38		6,538	
13		ANESTHESIOLOGY	40		223,168	
14		RADIOLOGY-DIAGNOSTIC	41		947,055	
15		ELECTROCARDIOLOGY	53		4,661,732	
16		RESPIRATORY THERAPY	49		33,482	
17		G.I. LAB	44.01		66,375	
18		EMERGENCY	61		390,004	
19 RECLASS PROF FEES TO REHAB	E	ADMINISTRATIVE & GENERAL	6.04	51,000		
20 RECLASS TAS COST CENTER	F	OCCUPATIONAL THERAPY	51	70,005	6,505	
21						
22 RECLASS GI MEDICAL DIRECTOR	G	ADMINISTRATIVE & GENERAL	6.04	9,000		
23 RECLASS CARDIOTHORACIC SURGEON FEES	H	ADMINISTRATIVE & GENERAL	6.04		50,000	
24 RECLASS POB I EXPENSES	I	PHYSICIANS' PRIVATE OFFICES	98		1,399,908	9
25						11
26						9
27						
28						
29 RECLASS PURCHASING VARIANCE	J	ADMINISTRATIVE & GENERAL	6.04		1,898	
30 RECLASS DEPRECIATION EXPENSE	K	ADMINISTRATIVE & GENERAL	6.04		13,094,241	9
31						9
32						9
33						9
34						9
35						9
1 RECLASS DEPRECIATION EXPENSE	K					9
2						9
3						9
4						9
5						9
6						9
7						9
8						9
9 RECLASS INTEREST EXPENSE	L	ADMINISTRATIVE & GENERAL	6.04		973,572	11
10						11
11						11
12						11
13						11
14 RECLASS BOND ISSUANCE COSTS	M	ADMINISTRATIVE & GENERAL	6.04		15,960	11
15						11
16						11
17						11
18						11
19 RECLASS SURGERY CHIEF & PEDS CHIEF	N	ADMINISTRATIVE & GENERAL	6.04		50,000	
20						
21 RECLASS VASCULAR LAB PROF FEES	O	ADMINISTRATIVE & GENERAL	6.04		10,200	
22 RECLASS OBLIGATED CAPITAL	P	NEW CAP REL COSTS-BLDG & FIXT	3		13,634	9
23 RECLASS LAB ADMIN COSTS	R	LABORATORY	44	406,572	340,984	
24						
25 RECLASS REHAB ADMINISTRATION	S	PHYSICAL THERAPY	50	177,626	17,024	
26						
27 RECLASS ADMISSION KITS	T	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		24,992	
28						
29						
30						
31 RECLASS DEPARTMENTAL DEPRECIATION	V	EMPLOYEE BENEFITS	5		10,002	
32		ADMITTING	6.01		10,024	
33		CASHIERING	6.02		78	
34		OPERATION OF PLANT	8		73,103	
35		LAUNDRY & LINEN SERVICE	9		216	

RECLASSIFICATIONS

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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 RECLASS DEPARTMENTAL DEPRECIATION	V	HOUSEKEEPING	10			7,456	
2		DIETARY	11			48,845	
3		CAFETERIA	12			11,166	
4		NURSING ADMINISTRATION	14			361,036	
5		CENTRAL SERVICES & SUPPLY	15			30,006	
6		PHARMACY	16			101,248	
7		MEDICAL RECORDS & LIBRARY	17			2,026	
8		ADULTS & PEDIATRICS	25			62,268	
9		INTENSIVE CARE UNIT	26			117,032	
10		CORONARY CARE UNIT	27			105,001	
11		SUBPROVIDER	31			2,774	
12		SUBPROVIDER 2	31.01			406	
13		SKILLED NURSING FACILITY	34			14,160	
14		OPERATING ROOM	37			623,227	
15		RECOVERY ROOM	38			61,965	
16		ANESTHESIOLOGY	40			14,275	
17		RADIOLOGY-DIAGNOSTIC	41			893,448	
18		C.T. SCAN	41.01			333,040	
19		LABORATORY	44			282,209	
20		G.I. LAB	44.01			98,281	
21		VASCULAR LAB	44.02			30,772	
22		LABORATORY-PATHOLOGY	44.03			36,727	
23		BLOOD STORING, PROCESSING & TRANS.	47			1,282	
24		RESPIRATORY THERAPY	49			85,650	
25		PHYSICAL THERAPY	50			6,471	
26		OCCUPATIONAL THERAPY	51			481	
27		SPEECH PATHOLOGY	52			6,856	
28		ELECTROCARDIOLOGY	53			613,459	
29		ELECTROENCEPHALOGRAPHY	54			11,132	
30		RENAL DIALYSIS	57			22,450	
31		SHOCK THERAPY	59			2,167	
32		PAIN MANAGEMENT & OP CHEMO	59.01			12,281	
33		OP PSYCH	59.03			15,801	
34		CARDIAC REHAB	59.04			8,521	
35		EMERGENCY	61			138,196	
1 RECLASS DEPARTMENTAL DEPRECIATION	V	AMBULANCE SERVICES	65			243,978	
2		CATERING	96.09			4,297	
3		RETAIL PHARMACY	96.10			278	
4		PHYSICIAN PRACTICE DEVELOPMENT	96.12			378	
5 TO RECLASS CHAPLAIN RESIDENCY PROGRA	W	ADMINISTRATIVE & GENERAL	6.04		18,734	787	
6 RECLASS FACILITY WIDE EXPENSES	X	EMPLOYEE BENEFITS	5		98,649	1,400,900	
7		ADMITTING	6.01		238,181	33,356	
8		CASHIERING	6.02		1,031,502	1,198,686	
9		OPERATION OF PLANT	8		17,224	6,443	
10		MEDICAL RECORDS & LIBRARY	17		297,384	39,748	
11		PUBLIC RELATIONS	96.11			77,488	
12		PHYSICIAN PRACTICE DEVELOPMENT	96.12			39,769	
13 RECLASS GRAHAM MOB EXPENSES	Y	PHYSICIANS' PRIVATE OFFICES GRAHAM	98.01			448,227	9
14							11
15							9
16							
17							
18 RECLASS INTERNS AND RESIDENTS	Z	ADULTS & PEDIATRICS	25		71,654		
36 TOTAL RECLASSIFICATIONS					2,502,531	50,246,200	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

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RECLASS CODE: A
EXPLANATION : RECLASS CHIEF OF GYNECOLOGY

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	15,000	ADMINISTRATIVE & GENERAL	6.04	15,000
TOTAL RECLASSIFICATIONS FOR CODE A		15,000			

RECLASS CODE: B
EXPLANATION : RECLASS CHIEF OF PSYCHIATRY

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MENTAL HEALTH ADMINISTRATION	30,000	ADMINISTRATIVE & GENERAL	6.04	30,000
TOTAL RECLASSIFICATIONS FOR CODE B		30,000			

RECLASS CODE: C
EXPLANATION : RECLASS PHARMACEUTICALS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	10,372,236	PHARMACY	16	10,372,236
TOTAL RECLASSIFICATIONS FOR CODE C		10,372,236			

RECLASS CODE: D
EXPLANATION : RECLASS MEDICAL SUPPLIES

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	16,095,173	ADULTS & PEDIATRICS	25	509,541
2.00		0	INTENSIVE CARE UNIT	26	225,398
3.00		0	CORONARY CARE UNIT	27	83,995
4.00		0	SUBPROVIDER	31	13,899
5.00		0	SUBPROVIDER 2	31.01	5,146
6.00		0	SKILLED NURSING FACILITY	34	42,508
7.00		0	CENTRAL SERVICES & SUPPLY	15	1,932,722
8.00		0	OPERATING ROOM	37	6,953,610
9.00		0	RECOVERY ROOM	38	6,538
10.00		0	ANESTHESIOLOGY	40	223,168
11.00		0	RADIOLOGY-DIAGNOSTIC	41	947,055
12.00		0	ELECTROCARDIOLOGY	53	4,661,732
13.00		0	RESPIRATORY THERAPY	49	33,482
14.00		0	G.I. LAB	44.01	66,375
15.00		0	EMERGENCY	61	390,004
TOTAL RECLASSIFICATIONS FOR CODE D		16,095,173	16,095,173		

RECLASS CODE: E
EXPLANATION : RECLASS PROF FEES TO REHAB

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	SUBPROVIDER	51,000	ADMINISTRATIVE & GENERAL	6.04	51,000
TOTAL RECLASSIFICATIONS FOR CODE E		51,000			

RECLASS CODE: F
EXPLANATION : RECLASS TAS COST CENTER

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	SUBPROVIDER	38,378	OCCUPATIONAL THERAPY	51	76,510
2.00	SKILLED NURSING FACILITY	38,132			0
TOTAL RECLASSIFICATIONS FOR CODE F		76,510	76,510		

RECLASS CODE: G
EXPLANATION : RECLASS GI MEDICAL DIRECTOR

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	G.I. LAB	9,000	ADMINISTRATIVE & GENERAL	6.04	9,000
TOTAL RECLASSIFICATIONS FOR CODE G		9,000			

RECLASS CODE: H
EXPLANATION : RECLASS CARDIOTHORACIC SURGEON FEES

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	50,000	ADMINISTRATIVE & GENERAL	6.04	50,000
TOTAL RECLASSIFICATIONS FOR CODE H		50,000			

RECLASSIFICATIONS

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260180	FROM 1/1/2008	5/26/2009
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RECLASS CODE: I
EXPLANATION : RECLASS POB 1 EXPENSES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-POB I	1.05	39,585	PHYSICIANS' PRIVATE OFFICES	98	1,399,908	
2.00	OLD CAP REL COSTS-POB I	1.05	286,531			0	
3.00	NEW CAP REL COSTS-POB I	3.05	104,365			0	
4.00	ADMINISTRATIVE & GENERAL	6.04	170,629			0	
5.00	OPERATION OF PLANT	8	798,798			0	
TOTAL RECLASSIFICATIONS FOR CODE I			1,399,908			1,399,908	

RECLASS CODE: J
EXPLANATION : RECLASS PURCHASING VARIANCE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CENTRAL SERVICES & SUPPLY	15	1,898	ADMINISTRATIVE & GENERAL	6.04	1,898	
TOTAL RECLASSIFICATIONS FOR CODE J			1,898			1,898	

RECLASS CODE: K
EXPLANATION : RECLASS DEPRECIATION EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	212,268	ADMINISTRATIVE & GENERAL	6.04	13,094,241	
2.00	OLD CAP REL COSTS-WHSE	1.01	5,482			0	
3.00	OLD CAP REL COSTS-B BLDG	1.02	16,292			0	
4.00	OLD CAP REL COSTS-PFD	1.03	77,371			0	
5.00	OLD CAP REL COSTS-CHIP	1.04	84,198			0	
6.00	OLD CAP REL COSTS-POB I	1.05	11,055			0	
7.00	OLD CAP REL COSTS-GRAHAM MOB	1.06	24,329			0	
8.00	OLD CAP REL COSTS-MVBLE EQUIP	2	718			0	
9.00	NEW CAP REL COSTS-BLDG & FIXT	3	4,161,075			0	
10.00	NEW CAP REL COSTS-PFD	3.03	60,500			0	
11.00	NEW CAP REL COSTS-CHIP	3.04	77,871			0	
12.00	NEW CAP REL COSTS-POB I	3.05	29,147			0	
13.00	NEW CAP REL COSTS-GRAHAM MOB	3.06	43,442			0	
14.00	NEW CAP REL COSTS-MVBLE EQUIP	4	8,290,493			0	
TOTAL RECLASSIFICATIONS FOR CODE K			13,094,241			13,094,241	

RECLASS CODE: L
EXPLANATION : RECLASS INTEREST EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-PFD	1.03	110,014	ADMINISTRATIVE & GENERAL	6.04	973,572	
2.00	OLD CAP REL COSTS-CHIP	1.04	317,384			0	
3.00	OLD CAP REL COSTS-MVBLE EQUIP	2	136,300			0	
4.00	NEW CAP REL COSTS-BLDG & FIXT	3	199,582			0	
5.00	NEW CAP REL COSTS-MVBLE EQUIP	4	210,292			0	
TOTAL RECLASSIFICATIONS FOR CODE L			973,572			973,572	

RECLASS CODE: M
EXPLANATION : RECLASS BOND ISSUANCE COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-PFD	1.03	1,803	ADMINISTRATIVE & GENERAL	6.04	15,960	
2.00	OLD CAP REL COSTS-CHIP	1.04	5,203			0	
3.00	OLD CAP REL COSTS-MVBLE EQUIP	2	2,234			0	
4.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,272			0	
5.00	NEW CAP REL COSTS-MVBLE EQUIP	4	3,448			0	
TOTAL RECLASSIFICATIONS FOR CODE M			15,960			15,960	

RECLASS CODE: N
EXPLANATION : RECLASS SURGERY CHIEF & PEDS CHIEF

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	30,000	ADMINISTRATIVE & GENERAL	6.04	50,000	
2.00	ADULTS & PEDIATRICS	25	20,000			0	
TOTAL RECLASSIFICATIONS FOR CODE N			50,000			50,000	

RECLASS CODE: O
EXPLANATION : RECLASS VASCULAR LAB PROF FEES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	VASCULAR LAB	44.02	10,200	ADMINISTRATIVE & GENERAL	6.04	10,200	
TOTAL RECLASSIFICATIONS FOR CODE O			10,200			10,200	

RECLASSIFICATIONS

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RECLASS CODE: P
EXPLANATION : RECLASS OBLIGATED CAPITAL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	13,634
TOTAL RECLASSIFICATIONS FOR CODE P			13,634

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	13,634	
		13,634	

RECLASS CODE: R
EXPLANATION : RECLASS LAB ADMIN COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	LABORATORY-PATHOLOGY	44.03	79,633
2.00	BLOOD STORING, PROCESSING & TR	47	667,923
TOTAL RECLASSIFICATIONS FOR CODE R			747,556

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
LABORATORY	44	747,556	
		0	
		747,556	

RECLASS CODE: S
EXPLANATION : RECLASS REHAB ADMINISTRATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OCCUPATIONAL THERAPY	51	147,439
2.00	SPEECH PATHOLOGY	52	47,211
TOTAL RECLASSIFICATIONS FOR CODE S			194,650

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHYSICAL THERAPY	50	194,650	
		0	
		194,650	

RECLASS CODE: T
EXPLANATION : RECLASS ADMISSION KITS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	22,979
2.00	SUBPROVIDER	31	562
3.00	SUBPROVIDER 2	31.01	845
4.00	SKILLED NURSING FACILITY	34	606
TOTAL RECLASSIFICATIONS FOR CODE T			24,992

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MEDICAL SUPPLIES CHARGED TO PA	55	24,992	
		0	
		0	
		0	
		24,992	

RECLASS CODE: V
EXPLANATION : RECLASS DEPARTMENTAL DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6.04	4,504,469
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
33.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	10,002	
ADMITTING	6.01	10,024	
CASHIERING	6.02	78	
OPERATION OF PLANT	8	73,103	
LAUNDRY & LINEN SERVICE	9	216	
HOUSEKEEPING	10	7,456	
DIETARY	11	48,845	
CAFETERIA	12	11,166	
NURSING ADMINISTRATION	14	361,036	
CENTRAL SERVICES & SUPPLY	15	30,006	
PHARMACY	16	101,248	
MEDICAL RECORDS & LIBRARY	17	2,026	
ADULTS & PEDIATRICS	25	62,268	
INTENSIVE CARE UNIT	26	117,032	
CORONARY CARE UNIT	27	105,001	
SUBPROVIDER	31	2,774	
SUBPROVIDER 2	31.01	406	
SKILLED NURSING FACILITY	34	14,160	
OPERATING ROOM	37	623,227	
RECOVERY ROOM	38	61,965	
ANESTHESIOLOGY	40	14,275	
RADIOLOGY-DIAGNOSTIC	41	893,448	
C.T. SCAN	41.01	333,040	
LABORATORY	44	282,209	
G.I. LAB	44.01	98,281	
VASCULAR LAB	44.02	30,772	
LABORATORY-PATHOLOGY	44.03	36,727	
BLOOD STORING, PROCESSING & TR	47	1,282	
RESPIRATORY THERAPY	49	85,650	
PHYSICAL THERAPY	50	6,471	
OCCUPATIONAL THERAPY	51	481	
SPEECH PATHOLOGY	52	6,856	
ELECTROCARDIOLOGY	53	613,459	

RECLASSIFICATIONS

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RECLASS CODE: V
 EXPLANATION : RECLASS DEPARTMENTAL DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
34.00			0	ELECTROENCEPHALOGRAPHY	54	11,132	
35.00			0	RENAL DIALYSIS	57	22,450	
36.00			0	SHOCK THERAPY	59	2,167	
37.00			0	PAIN MANAGEMENT & OP CHEMO	59.01	12,281	
38.00			0	OP PSYCH	59.03	15,801	
39.00			0	CARDIAC REHAB	59.04	8,521	
40.00			0	EMERGENCY	61	138,196	
41.00			0	AMBULANCE SERVICES	65	243,978	
42.00			0	CATERING	96.09	4,297	
43.00			0	RETAIL PHARMACY	96.10	278	
44.00			0	PHYSICIAN PRACTICE DEVELOPMENT	96.12	378	
TOTAL RECLASSIFICATIONS FOR CODE V			4,504,469				4,504,469

RECLASS CODE: W
 EXPLANATION : TO RECLASS CHAPLAIN RESIDENCY PROGRA

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PARAMED ED PRGM	24	19,521	ADMINISTRATIVE & GENERAL	6.04	19,521	
TOTAL RECLASSIFICATIONS FOR CODE W			19,521				19,521

RECLASS CODE: X
 EXPLANATION : RECLASS FACILITY WIDE EXPENSES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6.04	4,479,330	EMPLOYEE BENEFITS	5	1,499,549	
2.00			0	ADMITTING	6.01	271,537	
3.00			0	CASHIERING	6.02	2,230,188	
4.00			0	OPERATION OF PLANT	8	23,667	
5.00			0	MEDICAL RECORDS & LIBRARY	17	337,132	
6.00			0	PUBLIC RELATIONS	96.11	77,488	
7.00			0	PHYSICIAN PRACTICE DEVELOPMENT	96.12	39,769	
TOTAL RECLASSIFICATIONS FOR CODE X			4,479,330				4,479,330

RECLASS CODE: Y
 EXPLANATION : RECLASS GRAHAM MOB EXPENSES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-GRAHAM MOB	1.06	25,674	PHYSICIANS' PRIVATE OFFICES GR	98.01	448,227	
2.00	OLD CAP REL COSTS-GRAHAM MOB	1.06	89,015			0	
3.00	NEW CAP REL COSTS-GRAHAM MOB	3.06	73,945			0	
4.00	ADMINISTRATIVE & GENERAL	6.04	72,823			0	
5.00	OPERATION OF PLANT	8	186,770			0	
TOTAL RECLASSIFICATIONS FOR CODE Y			448,227				448,227

RECLASS CODE: Z
 EXPLANATION : RECLASS INTERNS AND RESIDENTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-SALARY & FRINGES	22	71,654	ADULTS & PEDIATRICS	25	71,654	
TOTAL RECLASSIFICATIONS FOR CODE Z			71,654				71,654